

THE DETERMINANTS OF THE PROPENSITY TO RECEIVE PUBLICLY FUNDED HOME CARE SERVICES FOR THE ELDERLY IN CANADA: A PANEL TWO-STAGE RESIDUAL INCLUSION APPROACH (PUBLICATION)



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CONTEXT

One anticipated consequence of the aging of societies around the world is an increase in the prevalence of chronic conditions and disability and a higher demand for long-term care, including home care (HC) services. In this study, the distinction between Home Health Care (HHC) services and Homemaking/Personal Support (HMPS) services is made. HHC services refer to health care services delivered by professional health care staff, whereas HMPS services refer to help with daily tasks, such as meal preparation, eating, toileting, personal hygiene, medication reminders, laundry, and transportation. Despite the differences between HHC and HMPS services, distinctions are often not made in the literature. The distinction may be an important one, however, since there are likely to be differences in the determinants of the demand for these two types of services. There is also the issue that once an individual has received either HHC or HMPS services that this may influence the likelihood that they receive the other type of service.

OBJECTIVES

This study aimed to explore the determinants of the receipt of publicly funded HHC and HMPS; and by modelling the types of services jointly, to determine whether publicly funded HHC and HMPS services are complements or substitutes in the Canadian context.

METHODS

Data for this study were derived from the household component of the National Population Health Survey (NPHS). Nine waves of the NPHS were used for this study, covering the period from 1994-95 to 2010-11. The study population was defined as people 65 years of age and older, who were residing in a community dwelling in one of the 10 Canadian provinces for at least one year during the study's time frame. A Panel Two-Stage Residual Inclusion method was adopted to address endogeneity issues through the use of IVs in nonlinear models in panel data.

FINDINGS

There was a positive and significant association between HHC receipt and the propensity to receive HMPS services. Similarly, the receipt of HMPS services significantly increased the likelihood of HHC receipt. Household arrangement was a proxy for receipt of informal care in this analysis. Living with other adult family members was associated with a significant decrease in the likelihood of receipt of publicly funded HMPS services, but not significant in affecting HHC receipt. The income variable had a significant effect on the propensity to receive HMPS services, with significantly fewer services for higher-income people, as compared with the middle income-adequacy category. High-income seniors also reported a significantly lower likelihood of HHC receipt, whereas low-income seniors reported a significantly higher likelihood of HHC receipt. Age, disability, and dependency were strong predictors of publicly funded HMPS receipt, while stroke, incontinence, cancer, dependency and hospitalization were associated with a higher likelihood of HHC receipt.

CONCLUSIONS

The consequence of the complementary effect between receipt of publicly funded HMPS and HHC services may be an increased gap between care recipients and non-recipients, who are at equivalent levels of functional and health status. This element raises concerns about equitable access to HC services in Canada, especially given that provincial HC programs are characterized by capped budgets and overall service volume constraints. Dependence on help with activities of daily living, health status, household arrangement, and income were significant determinants of the propensity to receive both publicly funded HHC and HMPS services.

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